

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS
AND DON KNABE**

DECEMBER 17, 2013

Improving Mental Health Crisis Services Countywide

Over the last decade, the Los Angeles County Board of Supervisors (Board) has made several efforts to decompress psychiatric emergency rooms and address the increasing demand for inpatient psychiatric services. Most recently, on June 25, 2012, the Board approved a twenty-eight point Psychiatric Emergency Service decompression plan that included a number of system enhancements such as additional residential treatment beds, expansion of mental health urgent care centers, improvements in Department of Health Services (DHS) emergency room facilities, and hiring of Department of Mental Health (DMH) social workers to ensure individuals in crisis are linked to community services.

This latest plan recognized the importance of both urgent, acute and aftercare services in reducing inpatient care demand and improving flow through the system. To that end, in the County's Fiscal Year 2013-2014 budget, this Board approved funding

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for 100 additional beds in Institutes for Mental Diseases for those requiring intensive residential treatment. The demand for urgent mental health treatment for adults and youths in this County, however, continues to grow while the supply of acute inpatient psychiatric beds decreased due to the closure of several hospital psychiatric units earlier this year. This demand must be met in new, creative and cost-effective ways.

Psychiatric health facilities (PHF) provide an opportunity for the County to increase the number of available beds. PHF's provide short-term acute inpatient treatment in non-hospital settings with flexible facility and staffing requirements. PHFs provide crisis intervention and stabilization for 24 hours or longer, complex diagnostic and evaluation work, medication management and stabilization, family and social resource mobilization, restoration of independent living capabilities, coordination of mental health services and discharge planning.

PHF services are reimbursable under Medi-Cal, and ancillary services such as laboratory tests and physician services are included in the daily rate making this a cost-effective alternative to inpatient psychiatric hospitalization when appropriate. The County currently funds one 16 bed PHF program for adults in Long Beach.

The County should establish a second adult PHF program to serve the entire County, to be funded by the Psychiatric Diversion Program (PDP), a component of the

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PES Relief plan previously approved by the Board on July 7, 2005. The PDP program allows the DMH to flexibly purchase inpatient psychiatric beds from qualifying contracted hospitals that have excess capacity on an as-needed basis. However, recent hospital closures have limited that capacity and investment in a dedicated resource such as a PHF is advisable at this juncture.

The County should also expand its psychiatric urgent care center (UCC) services. DMH initiated UCCs nearly ten years ago to provide crisis intervention services to individuals 13 years and older who would otherwise be taken to emergency rooms. These individuals include repetitive and high utilizers of emergency and inpatient services, those with co-occurring substance abuse, those needing medication management and those whose presenting problems can be met with short-term (up to twenty-three hours) immediate care and linkage to community-based solutions. In 2010, for example, the County implemented the highly successful Eastside UCC at the LAC/USC Hospital that operates twenty-four hours a day/seven days a week, provides urgent care services for adolescents and adults and served 11,500 clients last fiscal year. In addition to the Eastside UCC, the County also funds UCCs that operate at Olive View Medical Center, on the Westside and in the Harbor/Long Beach area. Only the Eastside and Westside UCCs, however, are Lanterman-Petris-Short Act designated facilities that currently operate twenty-four hours a day/seven days a week. On

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November 26, 2013, the Board voted to restore a Lanterman-Petris-Short Act designated UCC at the Martin Luther King, Jr. Medical Center campus that will operate twenty-four hours a day/seven days a week once it is opened.

WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS instruct the Director of Mental Health to immediately proceed to negotiate and contract with a provider that can implement another State-licensed Psychiatric Health Facility program, at no additional net county cost, in order to address system capacity in an expedited manner and report back in writing to this Board within 30 days on the status of its efforts.

WE FURTHER MOVE that the Board of Supervisors instruct the Director of Mental Health, in coordination with Director of the Department of Health Services and the Chief Executive Officer to report back in writing in 30 days on a plan to expand and enhance Psychiatric Urgent Care Centers countywide so that every County-operated hospital psychiatric emergency room has a Lanterman-Petris-Short Act designated mental health urgent care center within close geographic proximity that operates twenty-four hours per day and seven days a week.

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- a. This plan should describe how these urgent care centers will work in conjunction with the psychiatric emergency rooms to act as a front door and absorb as many patients as appropriate.
- b. The plan should include a budget and identify policy opportunities to better ensure Medi-Cal and other payment methodologies encourage system capacity to the greatest extent possible.

WE FURTHER MOVE that the Board of Supervisors instruct the Director of Mental Health, in conjunction with the Director of Health Services and County Counsel, to report back in writing in 30 days on the implementation status of the Psychiatric Emergency Services Decompression Plan previously approved by this Board in June, 2012, as well as any new efforts that they have undertaken to address these issues. This report back should include trend data on the average daily census and average length of stay for adults, adolescents and children at each County-operated psychiatric emergency room over the last two years to current.

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